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WINTER 1998

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Taking Back Health Care

The Hampden Hippocrat
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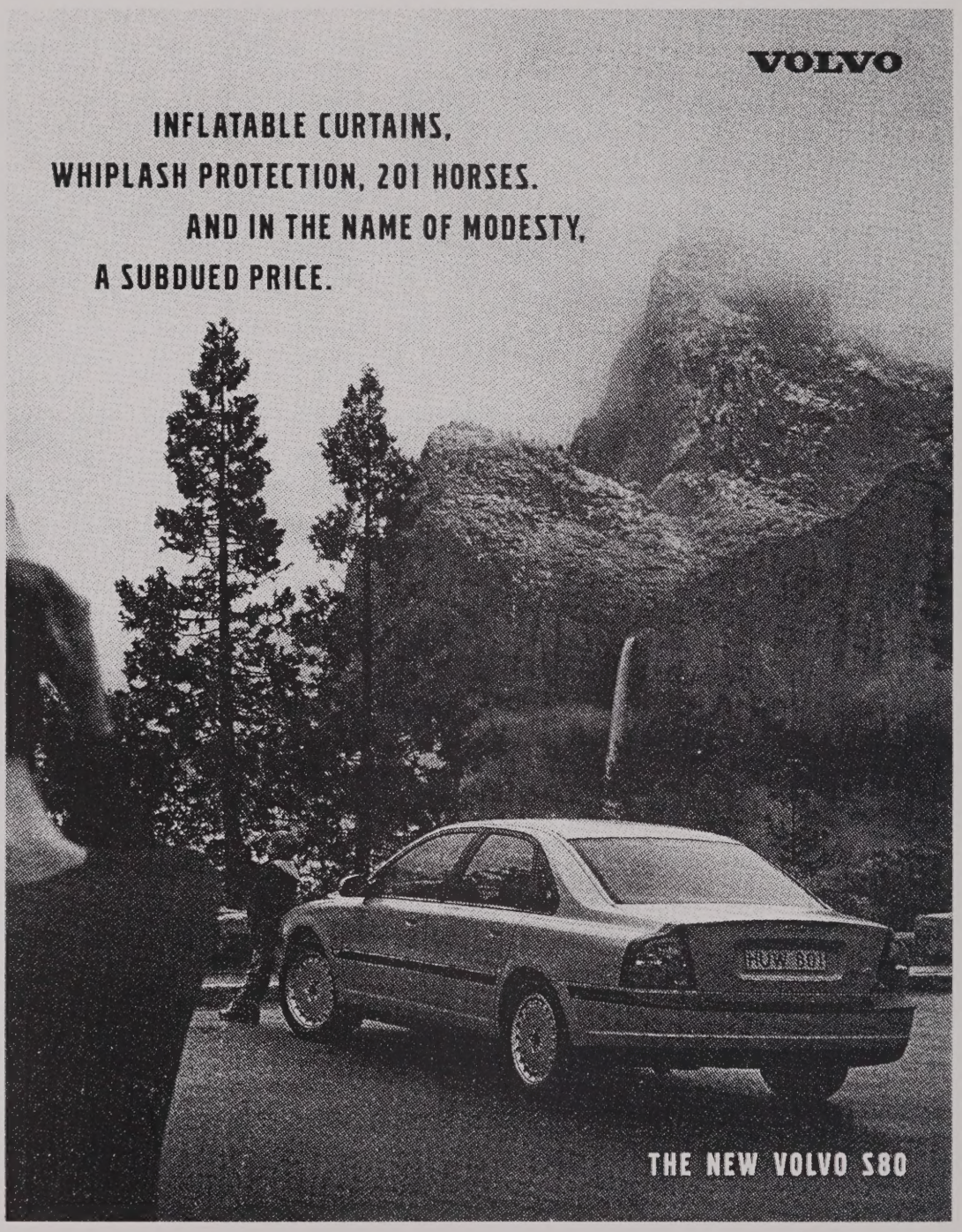

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THE HAMPDEN HIPPOCRAT · 1942 ·

Hampden Hippocrat

Winter 1998

In This Issue

From The Editor 3
President's Message 4
Taking Back Healthcare 6
Scenes From The Fall District Meeting 9
Save The Date 10
The Business Of Medicine 11
Financial News 14
Women's Survey 17
Lasers in Dermatology 1998 18
Alphabet Soup 20
Resistant Organisms Are Bad Business 22
Suggestions For The Patient 23
New Members Welcome 24
Member Questionare 26
In Memoriam 28

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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Hampden District Medical Society 1998-1999 Season

District Meeting

PLACE: **SHERATON SPRINGFIELD**
Monarch Place Hotel
One Monarch Place, Springfield, MA

DATE: Tuesday, January 26, 1999

SOCIAL HOUR: 6:00 p.m.

DINNER: 7:00 p.m.

SPEAKER: THOMAS R. REARDON, M.D.
President-Elect
American Medical Association

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on January 26th. If the cancellation is not made, you will be BILLED for your dinner.

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I shall bring a guest (name) _____

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____ Chicken Cape Cod

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From The Editor

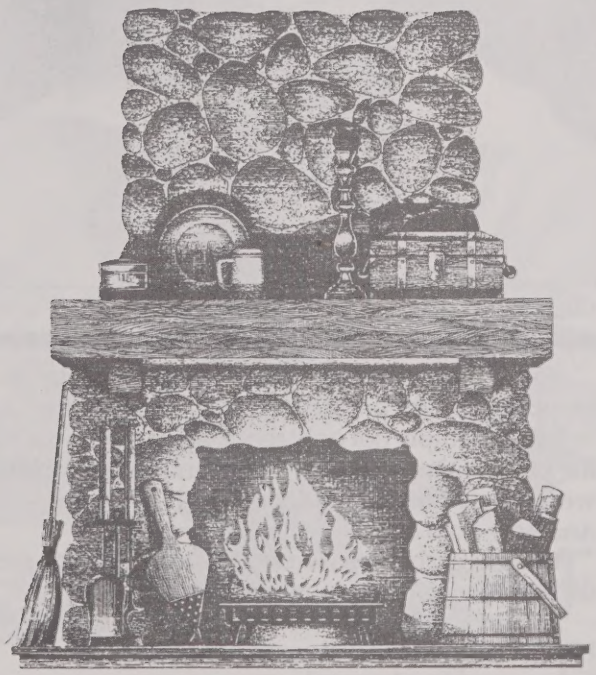
This issue has some very different articles and we hope you will enjoy the information they bring.

Mr. Bob Maloney of Nucon called to ask if he could describe his services to our members. His article entitled, "Alphabet Soup" will explain what his company does. He will advertise with us in the future and we wanted you to "meet him". We also have an article from a new advertiser, "Sten-Tel", a medical transcription service - please read about the business and give them a call if you can use their services. We have new ads from Spec's Perry, Susan Amiable, a Personal Chef, Vascular Services, and Father's & Sons. Please support our new and our regular advertisers. They make the magazine possible.

We hope you enjoy the pictures of the September 15th district meeting. Dr. Steve Allen is a very funny man.

Look for the Save The Date page with information about our annual meeting April 27, 1999. We have Loretta LaRoche as our stress reduction speaker and also physician educational credits ■

Frank Riley, M.D.
Editor



"Knowledge Empowers"

Eighteen is a significant number in Judaism. The two letters which spell "life" occupy the eighth and tenth positions in the Hebrew alphabet.

It seems appropriate to write about the meaning of this as "18" years ago I stood in Anatomy class.

A cadaver, someone's loved one, lay on the table and taught me what no book or video ever could about life.

Claudia L. Koppelman, M.D., President

Hands on knowledge that would become my reference source for practicing the "Art of Medicine".

By this I imply not only the concrete facts, but the profound reverence, respect and responsibility we have towards our patients which began in Anatomy class.

The human body is a work of "Art". Although similar, each living being is unique.

A patient is like a Museum masterpiece whose beauty, complexity and meaning requires time to interpret and understand.

A white painting on a white canvas may at first glance appear to be a clean canvas, but the intricacy of texture and contrast is revealed only after a closer examination.

The Art of Practicing Medicine is far from being totally scientific.

It is not an exact science.

It does not fit formulas.

Human life is an elaborate intertwining blend of energies which requires just as complex a combination of tools and thought processes to maintain in good health.

To simplify and reduce the care of the human body to following a manual based on productivity economics is irresponsible

Have physicians forgotten the lessons learned in Anatomy class?

Have the most important reasons why we all chose to dedicate our lives to helping others been lost under the mountain of marketing propaganda?

Is actual cost of rendering medical care really the issue?

Are we as a profession so apathetic about our own destiny that we will continue to allow business to predominate the "market" of medicine?

Any market is shaped by the voices and forces that are the loudest and strongest.

As physicians we are the ones that are empowered to know how best to provide for the health care of the human body.

So why do so few speak out?

Why do so many physicians just accept the forces which want to reduce our profession to a trade?

Although we as physicians can not imagine being replaced, the market forces are doing exactly this by dictating how the practice of medicine is to be rendered.

The simple concept that there are more variables than meet the eye in order to practice medicine is being ignored by corporate entities determined to make health care fit a pure business model.

By controlling the bureaucracy which imposes burdensome protocols to the renderence of medical care, by evaluating the efficacy of various treatments based upon cost effective analysis only and with the threat of deselection ever present if the physician

Photo by Holowitz Photography

does not comply with third party impositions, the model for rendering medical care in America is being established.

A model that can easily replace a physician with less expensive alternative providers.

This idea is already occurring at the expense of patients and has only served to increase the dividends of corporate America.

Wake up!!!!

Now is the time to use the faculty of speech which was bestowed upon us.

Speech, which allows us the ability to teach and educate others about what is really happening in America's health care arena.

It's time for us to question and demand answers regarding the real health care dollar distribution percentages before we see everything for which we believe in lost.

Are you so willing to relinquish the privilege of "touching" other humans in the name of corporate capitalism?

If the human being is to "be" it is up to us, the medical profession whose responsibility is to preserve life to really question the market forces that are creating and propagating an ever increasing army of middle people.

Entities to create data, collect data and analyze data.

Those that change the methods for gathering the data which propagates new data.

The consultants that evaluate those who do all the above and develop even more complex avenues of scrutinizing information.

Not to forget the myriad of publications to keep us informed about all these necessary changes, the increased overhead costs of purchasing the most updated Code books and then there are the fees for consultants to evaluate if we are doing everything according to the markets' rules.

Health care dollars being shifted to these middle people and similar entities, away from the actual care of patients.

Costs that are seldom if ever spoken about by the statistical analysts of health care cost predictions, but none the less, costs that are rolled into the total figures.

And when all is said and done, the irony of which it never is, where are our patients?

Is the health of America any better for all this cost utilizing activity?

The market propagates itself, while physicians forget the "art of practicing medicine" and fall prey to a market strategy that is destroying the Art of preserving the human body.

Is Darwinian's theory to be our best hope for survival of the human being?

It is said if you save the life of one human being you have saved mankind.

But if you miss the important fact needed to do so...

It is not too late to remember the lessons we all learned in Anatomy class.

As physicians we are different.

We are the profession society chose to protect and preserve the health and well being of humanity.

It is our duty and responsibility not to let corporate entities corrupt our mission or our profession.

Remember your anatomy class experience.

From death rose our understanding of life.

From our cadavers we learned humanity.

Knowledge empowers! ■

Taking Back Healthcare

by: Marylou Buyse, M.D., M.M.S. President

I am privileged to stand here this evening to share with you what the Medical Society has been doing on behalf of both patients and physicians that will benefit them in the years ahead.

At the beginning of my term as president, I committed myself to meeting with each of the Medical Society's 20 districts, to talk about the projects we have under way, and to listen to your concerns and your ideas about how organized medicine can work better for you, and for your patients.

Already, I am hearing a strong theme: that physicians and patients must take back health care.

Slowly and painfully, we have suffered erosions into the very core of our profession, and we are losing touch of the very ideals that inspired us and drive us, which focus us every day:

That ideal is the unique relationship between patients and physicians, the relationship from which all medicine flows.

Certainly, society must marshal its resources carefully. But the doctor's office is not a microcosm of the marketplace. It should never be. It is a special place, and it represents a special idea that we committed our careers to improving and preserving.

It is a sanctuary for patients....

A place where physicians can minister to the needs of each individual patient...

A place where sensitive information can be shared with confidence...

And a place where patients can trust that their best interests will be foremost.

It is our duty to keep that special place alive for patients both for today, and for tomorrow.

I am devoting this year, the year of my presidency, to setting ourselves on the way to put physicians back in charge of health care.

"I am devoting this year, the year of my presidency, to setting ourselves on the way to put physicians back in charge of health care."

I have outlined five distinct programs to accomplish this objective.

The first priority is access to health care.

Today, more than 700,000 residents of our Commonwealth have no health insurance.

During the last few years, the Medical Society has been working closely in collaboration with many consumer groups to expand access to care for uninsured children, and we have had some remarkable successes.

But thousands more people still do not enjoy the unsurpassed health care resources available in Massachusetts, and I assert that until we can put these people in touch with those resources, our mission and our professional oath will remain unfulfilled.

Priority #2: Choice.

It is inconceivable to me that in this country, in this day when people are asked - and required - to take so much more responsibility for their lives and their careers, that our health system continues to demand that choice be withheld from them in this most fundamental and personal of areas, health care.

For that reason, we are committed to working with health plans, in the legislature and in

Congress to ensure that patients have access to meaningful point-of-service coverage in their health plans...point-of-service coverage that is available at a reasonable price.

Priority #3: Quality.

Fundamentally, patients want good health care. And the people who purchase health care are demanding tangible evidence that the one trillion dollars that they now spend on care are being spent to create the highest quality outcomes.

However, no one can legitimately lay claim to having identified, quantified and solidified precisely what quality health care is all about.

The methods we have now are imperfect, but the field is moving very quickly.

Physicians must take the lead in this important effort. We do not need another outside agency coming in, micro-managing our work and imposing rules that are arbitrary or misleading.

That is why the Medical Society has signed an agreement with the AMA to be only the second state medical society in the nation to become a partner in the American Medical Accreditation program, known as AMAP.

AMAP - designed by doctors and run by doctors -- will evaluate physicians and their practices in areas that define good medicine.

For patients, AMAP will provide them with the confidence that the accredited physicians they select meet all fundamental benchmarks of quality.

For physicians, AMAP will consolidate the chaotic review processes that consume far too much of your practice's time and energy.

AMAP will likely begin contacting physician practices by the end of the year. I urge you to give this program your consideration.

Priority #4: Physician practice.

One of the most startling facts in medicine today is that only one-third of today's doctors practice in solo or in small groups. (45% of MMS members)

The solo practitioner and the small group haven't disappeared yet. So while we still can, we must preserve **all** types of practice settings - not just for physicians, but for patients too.

At the beginning of my term, the House of Delegates endorsed my proposal to study the feasibility of the Medical Society forming a Management Services Organization.

An MSO would provide small practices with the support they need to survive.

Continued on next page

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Taking Back Healthcare

Continued from previous page

A task force has been studying the issues, and we will soon hear their recommendations.

But we **do** know that doctors are frustrated, tired, and angry. And they welcome our help. Let's make sure that we give them the help they need.

That brings me to my fifth and final priority: membership growth and diversity.

Today, the Medical Society has more members than ever - 17,000 strong!

But we must do more. That is why I issued a new membership challenge - 20,000 members by the year 2000.

Today more than ever, the public is looking to physicians to provide the moral and pragmatic leadership to reassert the preeminent ethic of medicine - service to the patient.

If we are to fulfill our destiny to assure that every patient receives the best health care possible in the most effective way, we must unite as a profession.

Physicians are a complex and diverse group of individuals, and occasionally our needs and our priorities come into conflict.

But underneath those differences lies a profound commonality and professionalism that enables us to speak with a strong, principled and focused voice.

We, as the voice of organized medicine in Massachusetts, we must broaden our membership to embrace the diverse viewpoints that characterize us.

In offices, clinics, hospitals, classrooms and laboratories, we must reach out and make sure no physicians in this state feel disenfranchised. **Everyone** must feel welcome.

I ask you to help in these efforts, give us your ideas on how we can reach our objectives and, lastly, I ask for your support.

I now invite your questions and comments, but I would like to leave you with this final thought.

When physicians work together with patients, there is no greater constituency, no stronger political force and no more powerful a moral force. As long as we serve our patients, medicine will have the power to shape its destiny. ■

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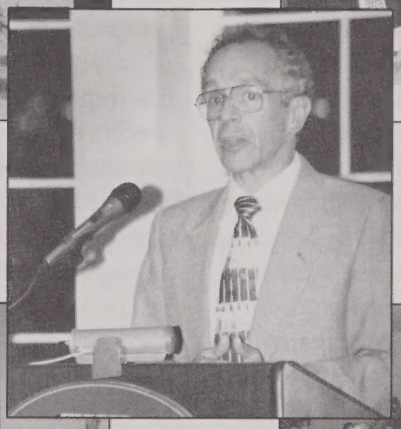
Scenes From The Fall District Meeting

▲ Dr. Buyse, Dr. Allen, Dr. Koppelman

▲ Before the show



◀ Legislative Report from Dr. Steven Metz

▲ Steve works the crowd

▲ Learning to juggle your stress

"Control The Balance" ▶

▲ Gina & John Bagley and Jerry & Judy Potter
Our Bar Association Guests

▲ John and Gina Bagley
President, Bar Association

Photos by Shuback Photography

SAVE THE DATE

LORETTA LaROCHE

Our society's annual meeting will be held on Tuesday, April 27, 1999 at the Delaney House in Holyoke, Mass. We will have a wonderful program on stress reduction given by Loretta LaRoche and jointly sponsored by Massachusetts Medical Society and the Hampden district Medical Society. Dr. Koppelman, our President, has scheduled this program in response to the rising stress levels of today's society. The focus of the presentation will be on reducing stress through laughter to improve attitudes, boost morale and improve overall well being of attendees. Stress reduction advocates for a healthier existence, which benefits the entire medical community and has positive effects of patient care.

The district has contracted with Ms. LaRoche for this exciting and uplifting program. As an advocate for the members of the Hampden District, Dr. Koppelman has requested and received 1.5 CME credits for the presentation from the Massachusetts Medical Society.

In addition to a prospective audience of Hampden members, Dr. Koppelman plans to send flyers to the members of Berkshire, Franklin and Hampshire medical societies.

Approval has been given for 1.5 hours of category 1 credit. This program also meets the criteria for risk management study.

CME CREDIT/ACCREDITATION

The Massachusetts Medical Society designates this educational activity for a maximum of 1.5 hours in category 1 credit towards the AMA Physician's Recognition Award. Each Physician should claim only those hours of credit that he/she actually spent in the educational activity.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Massachusetts Medical Society and the Hampden District Medical Society. The Massachusetts Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

Please mark your calendar now and plan to be with us on April 27th.

The Business of Medicine

Is it time to outsource your transcription work?

According to a Pitney Bowes survey of 300 decision makers that outsource work, it was revealed that 58% found outsourcing "absolutely essential" to their business. Trust and responsiveness were the top reasons for selecting a vendor. Service ranked higher than price. Specialized/core competency issues and cost savings were their main reasons for outsourcing.

Medicine today is a business. If you take a look at corporate America, you will see how the trend in outsourcing has saved precious time, money, and resources. It cuts down on employment expenses yet does not cut out jobs; it simply transfers the workplace and the employer. Instead of the company having the headaches of personnel management, the outsource agency deals with them. In the medical field, outsourcing transcription makes good business sense.

"The amazing thing about the advances in medical transcription is that much of it has taken place within the past ten years."

In order to fully appreciate why it makes sense, let's first take a look at how the field has evolved. Historically, medical documentation was handwritten by physicians and, when necessary, typed up by a secretary on a manual typewriter. In time, hospitals formed typing pools and anyone who could spell a medical word was recruited to type reports. As the need for documentation increased, in-house training programs and apprenticeships were developed to meet the demands of the staff. Today, medical transcriptionists are graduates from accredited schools and belong to organizations that have established standards of professional practice for the industry.

The amazing thing about the advances in medical transcription is that much of it has taken place within the past ten years. Yes, in that short time we have evolved from hand held tape recording devices to sophisticated digital technology, such as that offered by STEN-TEL, INC., that records the dictator's voice via any available telephone. There are no tapes to deliver or retrieve and there is no paper to deal with. This digital system stores reports in private e-mail type mailboxes until the user retrieves them. The report can then be edited if necessary, printed, and/or archived.

In order to keep up in the 90's, many physicians purchased computers and new equipment, streamlined offices, and hired specialized people to do specialized jobs. Gone were the days of the one-employee office where one wonder-woman or super-man did the whole job. Medical offices became "team" oriented with an insurance person, a billing person, a receptionist, an appointment secretary, a technology specialist, one or more medical transcriptionists, and several other job-specific people working side-by-side with the professional staff of physicians and nurses. At last, physicians thought they would have the freedom to practice medicine.

However, freedom is not what they bought. Hiring employees is costly, not only in terms of the actual dollars spent for payroll and benefits, but also in the time spent supervising employee's work and fielding the multiple layers of employee-related problems such as sick time and child care responsibilities. The largest percentage of a business' gross revenue is spent on payroll and benefits for employees. With the advent of the computerized office, physicians gradually took on more and more of the responsibilities of running their mid-to-large sized businesses and had less time to practice medicine.

Continued on next page

The Business Of Medicine

Continued from previous page

The future won't be any less complex. The new millennium will challenge us again and again, so it makes sense to be prepared. Outsourcing makes sense in the production of medical records. While most physicians are eager and willing to utilize the best technology out there, it is human nature to be somewhat reluctant to institute changes. The advances in medical technology have been tremendous and physicians have legitimate concerns about the complexity and cost effectiveness of it all. Today the answer is digital transcription.

For the physician, change involves the use of the old standby - the telephone. Here's how it works with the STEN-TEL technology:

1. The physician dials a toll-free number using any available telephone (including cell phones).
2. A telephone voice welcomes the physician and gives instructions to enter a personal ID number.
3. The physician dictates the report.
4. The physician hangs up.

That's it for the dictation. However, this digital recording is a miracle for the transcriptionist who for years has been struggling with the problems of labor-intensive, hard-to-hear, outdated tape recordings. If a physician were to take a moment and listen to the voice they have dictated into the digital server, they would never again ask their employees to transcribe from a tape. The difference is dramatic. Problems involving "inaudibles" are minimized. However, it should be noted that any dictation is only as good as the dictator. Even a telephone voice will not be understood if the dictator does not speak clearly. We all know that to be true in conversations of any kind, so a superior report demands some consideration on the part of the dictator regardless of the type of transcription device used.

Once the dictator has dictated the report, a transcriptionist dials into the system from home and transcribes it. When completed, the typed reports are then downloaded by the physician into their PC to be edited, printed, and/or

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archived. Because of the sophistication of the tracking software, no report is ever lost and additional complimentary copies are available at no charge. Dictators have access to the server 24 hours a day, seven days a week. That's the whole process: painless, and superior to anything that's out there. The reports are on the physician's desk in 24 hours and can be prioritized for faster delivery.

Who can you call for outsourcing?

STEN-TEL is a national transcription company that began in Springfield, MAssachusetts by Catuogno Court Reporting, a firm with vision. Physicians were knocking at the firm's door requesting transcription services, so Raymond, George and Nancy Catuogno, principals of STEN-TEL, agreed to open a new division of the company. "At that time we were using the available technology and found there were many inherent limitations in that equipment," George Catuogno states. The family business owners then hired an engineering firm to design a better system and STEN-TEL was born. STEN-TEL was trademarked and patented and it wasn't long before the company was handling large accounts such as Mass. General Hospital, Harvard Oncology and Baystate Medical. Today, STEN-TEL has accounts across the country and transcription centers in over 30 locations across the United States.

Unlike many computer programs sold to medical offices, STEN-TEL's software is free. STEN-TEL's people will install it for you and train your staff to retrieve the reports. A simple click of the mouse and it's sitting on your desk.

Why outsource? "Simple," says Raymond Catuogno. "It works! STEN-TEL is accurate, confidential, cost effective, and convenient." Call STEN-TEL (888) 783-6835 for a free consultation and free trail for services.

Ruth Ehrenberg, *Sales Consultant*
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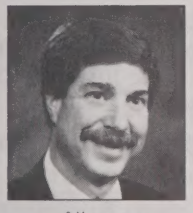

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Arthur W. Price and Michele J. Feinstein, partners in Cohen, Rosenthal have more than twenty-five years of combined experience in representing area physicians in their practices and individually. They counsel solo and group practices in their day to day business as well as in their planning for growth or extraordinary concerns. They also advise physicians on personal and family problems.

Call Arthur W. Price or Michele J. Feinstein to discuss your practice or personal concerns. We're here to help.

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Too Busy For In-Depth Planning? Take This 5-Minute Financial Fitness Check.

Third in a series of articles from PIAM Financial Services

While it's true that some folks actually have the time and energy to pour over their investments, check share prices and net asset values daily in The Wall Street Journal, and touch base with their brokers and insurance agents on a regular basis, most of us are just too busy.

After working eight (or more) hours in a demanding professional position, fulfilling myraid work and social obligations, taxiing youngsters to ballet, Little League, and music lessons, and (finally) tucking them into bed, there's not much time or energy left for thoughtful, detailed financial management. As one busy parent recently put it, "Not much planning goes on -- we just try to save something every month so we'll have a cushion when it's time for college and retirement."

This couple is not alone in their struggle to maximize savings and plan for the future. A 1994 survey by economists at the University of Pennsylvania and Boston University suggests that Americans "are now saving at less than one quarter of the rate observed in the 1950s and 1960s and less than one-fifth the rate of Japan and many other developed countries."

Yet, without some planning, today's two-income couples with children may unknowingly be putting themselves and their families at risk.

Here's a quick 5-minute check you can do on the train to work or at home in your favorite easy chair (once the kids are asleep). By looking at your income protection needs, college cost considerations, retirement savings strategies, and long-term care options, this brief review can help you pinpoint any weak spots in your current financial picture. Once you do, you can focus your precious time and energy where it counts.

❒ Are both of your incomes protected?

If you both work, chances are that the second income is now essential to your family's lifestyle. So the long-term loss of one paycheck could have serious financial consequences. That's why an emergency fund plus adequate life insurance and disability income insurance are at the top of the list of "must haves" for financial health.

For your emergency fund, a cash reserve that covers two to six months of living expenses should be adequate. Make sure this money is readily available by keeping it in a money market or similarly liquid investment. You may need access to this extra cash during a job change or career transition.

While you probably have basic life insurance and short-term disability coverage where you work now - you may want to supplement this with personally-owned policies that won't go away if you change jobs. With so many life insurance options now available to you, including policies that insure two people at once and those that build cash values at current interest rates, you're sure to find one that meets your particular needs.

Think about adding a long-term disability insurance policy that can provide income to your family if you should become ill or disabled. This long-term policy will kick in when your employer's standard short-term coverage runs out. It can be a life saver if an illness or injury keeps you from working for more than a few months.

❒ Have you started socking something away for future college costs?

While the price tag for a college degree can be daunting, it's certainly not hopeless. Loans,

financial aid, and a second mortgage can cover a large portion. To cover the rest, think about starting a college savings program and contributing to it regularly. The sooner you start, of course, the better, because compound interest helps even a small, regular investment grow substantially over time.

If you establish your child's college fund as a custodial account under the Uniform Gift to Minor's Act (UGMA) or Uniform Transfers to Minor's Act (UTMA), there may be tax savings as well. But remember, generally, once your offspring reaches the age of maturity under your current state's law, he or she gains full control over all the money in this account.

❒ What about retirement?

If paying for college seems somewhat far away, retirement probably seems even farther. But if it comes on the heels of your child's education, both of you may not have enough time to fund your retirement adequately. If you're also members of the "sandwich generation" - caught between caring for your children and helping your parents financially - you'll have even less time and money to build toward retirement.

Most experts now suggest that you'll need 60% to 80% of your pre-retirement income to enjoy a comfortable retirement - perhaps more if you plan to travel or pursue a special interest. Between retiring early and living longer than ever before, you may need your retirement income to last for a good many years.

While the traditional sources, including employer pensions, 401(k), and Social Security, will provide a base, you'll most likely need some additional income from personal savings to reach your retirement target.

Your life insurance cash value can provide one source of additional income through policy loans as can a personal IRA (or a Simplified Employee Pension (SEP) or Keogh if you're self-employed). Loans from life insurance policies reduce the cash value and death benefit of the policy and interest is charged on the amount borrowed. And even if your traditional IRA contribution is not tax-deductible because you already have a pension plan, it is tax-deferred so your money compounds tax-free until your retirement. Alternatively, you may want to consider a non-deductible Roth IRA. An annuity also offers the

Continued on next page

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Financial News

Continued from previous page

advantage of tax-deferred earnings plus fewer limitations on how much you can contribute each year.

Your insurance agent or investment advisor can help you decide which alternative is the most cost-effective for your situation.

❒ Have you planned for long-term care?

According to figures compiled by *The New England Journal of Medicine, February 28, 1991 Issue,* 43% of people over the age of 65 will enter a nursing home at some time before they die. It is also projected that more women than men will enter nursing home facilities at a ratio of 52 percent vs. 33 percent. (If you're helping your own parents with this expense, you already know the burden this can place on your own children.)

One potential solution is an accelerated benefits rider attached to your existing life insurance policy that allows you to use policy cash values in cases of terminal illness. Another option may be to purchase a Long Term Care insurance policy. Ask your insurance agent or advisor for recommendations and information.

Now that you've finished this quick financial fitness check, use it as a guideline when you and your spouse next talk to your financial professional. It can help you focus your attention so the meeting is short, productive, and to the point. You may even find you've saved enough time to take in a movie together. ■

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This article is for general information only and is not intended to provide specific advice or recommendations for any individual. As a member benefit of the Massachusetts Medical Society, you may receive more detailed information, and may consult PIAM Financial Services at (800) 863-8632.

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Women's Survey

Contact: Anita S. Sherman, Vice President, Marketing
PIAM Financial Services
(781) 642-8504 Ext. 442

(Waltham, MA) PIAM Financial Services, a subsidiary of the Massachusetts Medical Society recently conducted a survey of over 3500 women physician members of the Massachusetts Medical Society.

The survey was designed to determine the current financial goals and attitudes of women physicians in Massachusetts. In addition, the survey identified the types of financial information these physicians want and how they prefer to receive this information. Over 400 physicians responded.

Key Findings Include:

- The majority of women physicians said they are the ones generally responsible for financial management in their household or they share the responsibility equally with their spouse.
- Three out of four women physicians surveyed said planning for retirement was among their most important financial objectives. Other frequently mentioned financial goals included managing investments, paying for their children's college tuition, and tax planning.
- More than four of every five (84%) physicians said they were concerned "about the complexity of choices in the area of financial advice and planning." Although younger physicians (under age 40) are even more likely to feel this way, three our of four physicians 50 and over said they are concerned about the complexity of financial choices.
- Most respondents (84%) own mutual funds. Over three-quarters of the physicians surveyed also own life insurance, disability insurance, and have a savings account.Very few (3%) have any long term care product.
- These doctors listed a professional financial advisor as a very important source of financial investment information and advice more often than any other source. Online services and radio/TV were mentioned least often.
- Respondents said the most effective way to communicate timely financial information to them was either through the mail, by using educational forums/seminars, or in a personal meeting. Less than one in ten would like to receive financial information by telephone at their office or home.

In response to the survey, a series of programs are being developed by PIAM Financial Services. These programs are intended to address the questions and concerns of women physicians in all age groups and stages of their professional lives. ■

PIAM Financial Services is a full service financial organization which focuses on providing physicians, their practices and their families with solutions designed in a manner consistent with their objectives for the accumulation, protection and preservation of wealth. They assist their clients in all areas of retirement, estate, insurance and investment planning. PIAM was established in 1993, and was chosen by the Massachusetts Medical Society for the solid financial strength of its affiliate, New England Financial, and for the expertise of their planning specialists in understanding and working with the unique needs of medical professional. ***PIAM Financial Services can be contacted by calling 800-863-8632.***

Lasers In Dermatology 1998

by: Ronald S. Nadel, M.D.

To many of you reading this article the title of this could equally be Lasers in Opthalmology, Otolaryngology, Plastic surgery, Urology and many other specialties. If that is the case then you probably know some of what will follow.

Laser is an acronym for Light Amplification by Stimulated Emission of Radiation.

Lasers are devices which convert electrical energy into light and electro-magnetic energy for a variety of different purposes. In the treatment of skin problems, different lasers are currently being used for different purposes. It is hoped that one day in the near future the technology will improve enough so that one laser will be multi-purpose. Currently, however, there are at least six different laser systems being used in dermatology.

"In the treatment of skin problems, different lasers are currently being used for different purposes."

The lasers most frequently used in most dermatologic practices are vascular lasers. These are machines which operate at wavelengths which selectively react with hemoglobin so as to generate heat within the blood vessels being ablated. This allows destruction of the targeted blood vessel while sparing the surrounding structures. This process then allows for scarless removal of unsightly blemishes. Diseases that can be treated include angiokeratoma, angiolymphoid hyperplasia, capillary hemangiomas, cherry angiomas, post traumatic red nose syndrome, spider angiomas, large port wine stains and areas of vascular dilatation on the legs. While not perfect these instruments can successfully treat problems which have afflicted patients for years and for which we could do little until recently.

The newest laser to arrive on the scene is one which serves to answer the problem of patients who are distressed about unwanted hair on any part of their bodies. There are four types of hair removal lasers: Ruby, Alexandrite, Q-switched neodynium-YAG (Nd:YAG) and the diode laser. These lasers all function on the concept of selected photothermolysis. This principle states that if you can identify the size of a target which contains a specific chromophore within it, no injury will result except to the target as long as the area is treated with the proper wavelength, energy, and pulse duration. The specific chromophore for treating hair is melanin. It remains to be determined which laser will ultimately prove to be best. These lasers work by interacting with the pigment in the hair thus destroying the hair follicle. It is relatively painless, quick and very effective. Time will show if it is also permanent. There are a variety of systems on the market, and as of this writing none has been shown to be absolutely superior to another.

Other types of instruments are used for the removal of hyperpigmented areas. They are Nd:YAG, Ruby and Diode lasers. The lesions being treated can range from congenital pigment malformations such as nevus of Ito, lentigines, Becker's nevus, cafe-au-lait macules and traumatic tattoos. Finally, decorative tattoos either home made or professionally done, can be removed although the variety of dyes used can be a limiting factor, as separate lasers are often needed to remove individual colors. This can often be a logistical problem as very few practices can afford to have every laser necessary for this purpose. Unfortunately for patients, the cost of removing tattoos is far greater than the cost of applying them, often requiring many visits and requiring traveling fair distances to find the required number of lasers.

Finally the last class of lasers are those that have the ability to remove or modify the surface of the skin. Conditions that may be treated with these instruments are photo-aged skin, acne scars, actinic cheilitis and small appendageal

tumors. These are lasers which operate at much higher wavelengths then the previously discussed instruments and work by vaporizing skin rather than interacting with pigment of one type or another. They basically are of two types; carbon dioxide lasers which operate in an ultra-pulsed mode meaning that the laser fires for a period of time measured in milliseconds, thus operating within the thermal reaction time of skin which is necessary to avoid damage to surrounding structures, and Erbium-YAG lasers which operate in a very precise manner thus minimizing tissue damage greatly so that "what you see, is what you get", in terms of results when you finish the procedure. Recent studies of patients treated up to five years ago show the effects of therapy are maintained. Patient satisfaction tends to be higher than physician satisfaction. The main complications seen are pigmentary and are usually easily managed by the application of make-up. Other side effects are pain following the procedure and persistent erythema.

What does the future hold for cosmetic lasers? Currently one of the major obstacles to their use is the expense of buying the machines, primarily because each machine only works at one wavelength. There are machines under development which utilize diodes, which are electronic devices that will circumvent this problem. They will be able to produce multiple wavelengths and theoretically be much less expensive as well. There is also under development a "blue-light" laser that may be able to pass through intact epidermis without damaging it and which will stimulate collagen growth. This will overcome patient discomfort and the debilitation that accompanies resurfacing procedures.

Lasers in dermatology -- useful today, with greater promise for the future. ■

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Alphabet Soup

by: Robert M. Maloney
Group Vice President
Nucon Group, New London, CT

Today's physicians "alphabet soup" has lots of ingredients: MSO & PSO & IPA & PHO & PPM & HMO. But many of these have been causing financial indigestion for group practices in Western Massachusetts during the past few years.

But wait, there's a new morsel in the soup, PEO, and it's much easier for doctors to digest. Best of all, it has tasty appeal for office staffs, and doesn't upset physician stomachs over practice autonomy and preserving a group's P.C. status.

What's a PEO? A Professional Employer Organization (PEO) is one of today's best strategies to lower office costs, manage employee administration, and meet your employees demands for Fortune 500 type benefits. A PEO also eliminates much of the paperwork and headaches involved with physician office human resources management and regulations.

With the tight employment market in Hampden County, physician practices are encountering tough times in attracting new employees, and keeping key ones. It's a given that people prefer to work for small employers like physician offices. Unfortunately, these people end up at big companies just for the benefits. With a PEO, physician offices can now compete on an even basis with hospitals and large companies when it comes to providing employee benefits.

Office staff administration, regulatory compliance, and soaring workers comp and health insurance costs, coupled with managed care demanding doctors see more patients for less money, are eroding physician incomes. Competent office staffs are indispensable, and often irreplaceable. But, they are becoming more expensive for doctors. Employee salaries and benefits are the biggest single expense of a physician practice, consuming nearly 25% of revenues.

PEO specialists like the Connecticut based Nucon Group provides physician practices with human resources management, personnel staffing, and recruitment. This includes payroll management, workers' comp, employee benefits, tax compliance and payments, worker rights laws, personnel file maintenance, and risk management all in one consolidated package. A PEO eliminates the expense for a group practice to contract independently with many vendors for each of these services.

"Employee salaries and benefits are the biggest single expense of a physician practice, consuming nearly 25% of revenues"

Nucon, a 15 year veteran in PEO dealings, makes a business of shouldering office staff burdens and responsibilities, and providing client employees with Fortune 500 benefits. Best of all unlike a Physician Practice Management company, a PEO allows a physician to practice independently, and run their office with autonomy.

According to Nucon founder and president Gil Morrell, "Our PEO provides group practices a corporate personnel department without the overhead. Partnering with Nucon enables physicians and their office managers to concentrate on practice income: Seeing patients, getting the billing out, and collection. These core activities produce physician dollars. Human resource activities and employee benefits management don't generate dollars."

Here's how a PEO works: Nucon, which serves Western Massachusetts from its Hartford branch office, transfers a practice's employees to its payroll; but not the physician-owners. A superior PEO plus is that the PC structure with its financial enhancements is kept in place for the physician-owners.

The Nucon PEO becomes the employer of record and contractually divides with the physician the traditional employer responsibilities and liabilities, while the doctors still maintain control of the office staff and the practice. The doc and his office manager are still The Boss and run day-to-day activities their way: They set job assignments, promote personnel , grant pay raises, and have final say on hires and fires. The PEO's ability to enhance worker benefits and cut office expenses is one of the big reasons for their explosive

growth throughout the country. Plus it frees up the office manager to concentrate more on patient scheduling and billing.

Nucon Vice President Bob Maloney, former New York Medical College executive and nationally known speaker on physician matters, says that the major misconception of a PEO arrangement is the physician loss-of-control issue. "Doctors think that by transferring human resources responsibilities, they're surrendering practice reign. That's incorrect. The doc is still, and always will be the boss. What they and their office managers do give up is countless back-office administrative and human resource tasks and headaches, " he states.

Secondly physicians worry about their office staff's reaction to being on Nucon's payroll. "Most office staffs love it because they continue to perform the same jobs, report to the same people, but now enjoy Fortune 500 benefits. Because of this, it's a big office staff morale booster, " Maloney states.

Nucon provides a range of employee benefits: Health insurance, dental, retirement savings, long and short term disability, life insurance, dependent care reimbursement, pre-paid legal services, and 125 cafeteria plan. By pooling all its clients' employees together and acting as one employer, Nucon has the purchasing power of a major corporation in negotiating the best buys for quality benefits. "A PEO structure levels the playing field between small entities like physician practices and large companies in offering benefits," says Maloney.

Additionally, Nucon helps insulate the physician-employer from the liabilities associated with ever-changing federal and Massachusetts employer mandates. "Few practices even know these laws exist and often find out too late: when they end up with a law suit. Nucon keeps physician offices on the compliance straight and narrow by providing advice on work site regulations and assuming liability for many employment-related statues," Maloney stated. ■

Nucon acts as a "People Department" for Fortune 500 clients as well as small employers like physician practices. Among Nucon's major clients are Pitney-Bowes, Northeast Utilities, General Dynamics, State of Connecticut Health Department, Hamilton Standard, Mariner, Westinghouse, Otis Elevator, City of Hartford, United Technologies, Western Mass Electric, and VA medical centers among others.

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Resistant Organisms Are Bad Business

by: *Richard Pieczarka, LPN, RT, CIC*
Infection Control Practitioner
Baystate Medical Center

What is Drug Resistance?

Resistant germs can no longer be treated by the drug of choice and must be treated with something new.

It has been recently stated that "of the 145 million courses of antibiotic therapy prescribed annually in community settings, 110 million courses are for outpatient use and 35 million for emergency department use. It is estimated that 20% to 50% of the antibiotics administered for community-acquired infections are unnecessary". What has developed is: Methicillin resistant Staph aureus (MRSA), Vancomycin resistant Enterococcus (VRE) and Penicillin resistant S. Pneumoniae.

Methicillin Resistant Staphylococcus aureus (MRSA):

Staph aureus is a germ that normally lives on the skin of some people

Staphylococcus infections are relatively common in the community and in the hospital

MRSA is resistant to the common drugs used to treat "staph infections"

Vancomycin Resistant Enterococcus (VRE):

Enterococci are a part of everyone's normal flora (resides in the bowel)

A large number of enterococci are now resistant to vancomycin

Very few drugs are able to treat these infections

VRE often occurs in very ill patients

Penicillin Resistant S. Pneumoniae:

S. pneumoniae is normal in the upper airway for some people

S. pneumoniae infections are relatively common in the community outside of the hospital

Penicillin resistant S. pneumoniae is resistant to the penicillin usually used to treat these infections

Infection Control Issues Within The Ambulatory Setting:

To prevent dissemination of resistant organisms throughout the Ambulatory Setting a policy is needed that all patients infected or colonized with a resistant organism must be seen as soon as possible. This means not letting patients wait in the waiting area but be brought into an exam room as soon as they arrive.

There needs to be a procedure in place to identify patients with resistant organisms. Patients need to let their health care giver know; charts can be flagged (color sticker) and lab reports need to be reviewed.

A. Gloves:

1. Gloves to be worn by all staff when entering the room
2. Gloves must be changed between tasks
3. ALWAYS remove gloves before leaving the room
4. Hands must be washed after gloves are removed and before leaving

B. Gowns:

1. Worn for close contact
2. Always remove the gown before leaving the room

C. Patient care Equipment:
Must be disinfected before it leaves the room and is used on another patient. Stethoscopes can be wiped off with alcohol. Disposable equipment may be used if appropriate (dispose of in regular trash)

D. Exam tables and flat surfaces:
Must be cleaned with a detergent/disinfectant after the patient leaves

Following simple Infection Control Practices for contact transmission of organisms is a positive effective means of preventing the transmission of resistant organisms from patient to patient and from environment to patient in the Ambulatory Setting. ■

Suggestions For The Patient

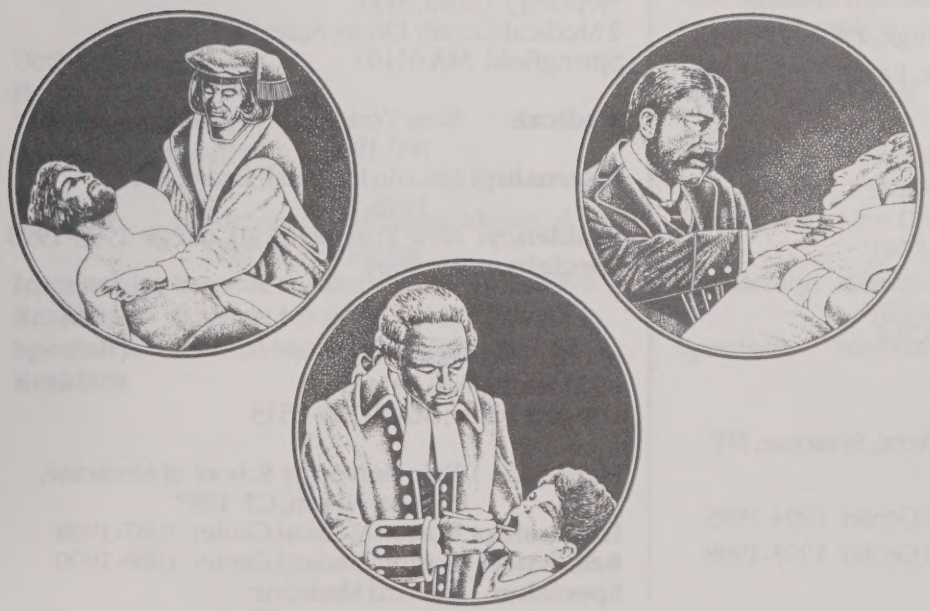
Once He/She Is Released From The Hospital And Is Back In The Home Environment

by: Myrna Schulte, RN, MA, CIC
Manager, Infection Control
Baystate Medical Center

The physician's office has a responsibility to the patient and to the community to address common problems all patients will encounter once they return home. Physicians will be asked by their patients who have resistant organisms how this affects their care and activities once they are home.

These are answers to frequent concerns often raised about what precautions to take once the patient is discharged from the hospital. The patient with resistant organisms as well as families and care givers need answers to allay fears as well a protect all involved.

- Gloves must be worn by everyone touching dressings or any other body fluids
- Hands must be washed after removing gloves
- In addition, patients and care givers should wash hands for 10 seconds with an antiseptic soap before eating, after using the bathroom, and anytime hand are soiled
- Do not share tooth brushes, razors, dishes, etc.
- Wash dishes only in hot soapy water or use a dishwasher
- Use a disinfectant cleaner for cleaning the home
- Wash clothes normally unless they are heavily soiled with body fluids
- Heavily contaminated (diarrhea, drainage, urine) clothes should by washed by themselves with a detergent along with bleach or Lysol
- Dressings should be placed in a plastic bag, tied and placed in the regular home garbage
- **All other health care workers should be informed the patient is a carrier of a resistant organism** ■



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Specialty: Opthalmology

Christopher H. Comey, M.D.
Neurosurgical & Neurological Group, Inc.
80 Congress Street
Springfield, MA 01104

Medical: Robert Wood Johnson Medical School, Piscataway, NJ 1990
Internship: University of Pittsburgh Medical Center, Pittsburgh, PA 1990-1991
Residency: University of Pittsburgh Medical Center, Pittsburgh, PA 1991-1997
Fellowship: The Emory Clinic, Emory University, 1997-1998
Specialty: Neurosurgery

Geri Anne Schmitt, M.D.
2 Medical Center Dirve, Suite 512
Springfield, MA 01107

Medical: Suny Medical School, Syracuse, NY 1990-1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995-1998
Specialty: OB/GYN

Bradley S. Foster, M.D.
Baystate Eye Care
275 Bicentennial Highway
Springfield, MA 01118

Medical: Cornell University Medical College, NY 1992
Internship: Greenwich Hospital, Greenwich, CT 1992-1993
Residency: MASS. Eye & Ear, Boston, MA 1993-1996
Fellowship: MASS. Eye & Ear, Boston, MA 1996-1998
Specialty: Opthalmology

Robert K. Costa, M.D.
299 Carew Street
Springfield, MA 01104

Medical: Brown University School of Medicine, Providence, RI 1993
Internship: Roger Williams Medical Center, Providence, RI 1993-1994
Residency: Baystate Medical Center/Tufts, 1994-1998
Specialty: OB/GYN

Stephen J. Gallo, M.D.
2 Medical Center Drive, Suite 308
Springfield, MA 01107

Medical: New York Medical College, Valhalla, NY 1992
Internship: Lincoln Hospital, Bronx, NY 1992-1993
Residency: New York Medical College 1993-1998
Specialty: Urology

Michael H. Solon, M.D.
69 Morningside Drive
Longmeadow, MA 01106-2513

Medical: Yale University School of Medicine, New Haven, CT 1987
Internship: Boston Medical Center 1987-1988
Residency: Boston Medical Center 1988-1990
Specialty: Internal Medicine

Kathleen Wairimu, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: University of Conn. Medical School 1996
Internship: University of Boston Medical Center 1996-1997
Residency: Baystate Medical Center 1997-1999
Specialty: Internal Medicine
Resident

Julia Irene Kyle, M.D.
11 Wilbraham Road
Springfield, MA 01109

Medical: University of Wisconsin, Madison, WI 1991-1995
Internship: Baystate Medical Center 1995-1996
Residency: Baystate Medical Center 1996-1999
Specialty: Internal Medicine/Pediatrics
Resident

Richard A. Smith, M.D.
Medical West Assoc.
305 Bicentennial Highway
Springfield, MA 01118

Medical: University of New York at Buffalo 1981
Residency: Millard Fillmore, New York 1981-1985
Specialty: Anatomic Pathology/Clinical Pathology

Beth G. Keefe, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: University of Minnesota Medeical School 1994-1998
Internship: Baystate Medical Center 1998-1999
Residency: Baystate Medical Center 1999-2002
Specialty: Internal Medicine/Pediatrics
Resident

Kasey B. Poon, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: Temple University, Philadelphia, PA 1994-1998
Internship: Baystate Medical Center 1998-1999
Residency: Baystate Medical Center 1999-2000
Specialty: Internal Medicine
Resident

Jill L. Studley, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: Loma Linda Univerisity, Loma Linda, CA 1994-1998
Internship: Baystate Medical Center 1998-2002

Paul A. Aggarwal, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Medical: Memorial University of Newfoundland, Canada 1996
Internship: Baystate Medical Center 1996-1997
Residency: Baystate Medical Center 1997-1998
Fellowship: Baystate Medical Center 1998-2001
Specialty: Internal Medicine

Kirankumar P. Chauhan, M.D.
Agawam Family Physicians
141 Main Street
Agawam, MA 01001

Medical: Government Medical College, Gujarat University, Surat Gujarat, India 1978
Internship: New Civil Hospital, Gujarat, India 1977-1978
Residency: Metrowest, Framingham Union 1993-1996
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Hampden District Medical Society

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WEST SPRINGFIELD, MASSACHUSETTS 01089-1540
TEL. 736-0661

MEMBER QUESTIONNAIRE

The Hampden District Medical Society is only strong and effective as the individual members together build upon its structure.

In the spirit of preserving our profession and the practice of medicine for physicians, please take a moment to share your thoughts with your Executive Committee and complete the following questionnaire.

What interests, issues, concerns, etc. would you like to see your Society pursue?

_____

_____

On which of the following committees are you willing to participate?

Mediation _____
Public-Health _____
Medico-Legal _____
Medico-Religious _____

What type of feature, article, information, etc. in the Hampden Hippocrat do you enjoy most? What would you like to see?

_____

_____

_____

Would you be willing to contribute an article for a future issue?

***Yes*_____ *No*_____**

Would you like to receive or access information by electronic mail (E Mail)?

If yes: Name_____
Address_____
EMAIL Address_____

If you are the spouse of a physician what do you see as your role in the District?

_____

Additional Comments:

_____

Thank you for completing the Member Questionnaire. As always, please feel free to call the Society office at 736-066l anytime. You may Fax your Questionnaire to 73l-8990.

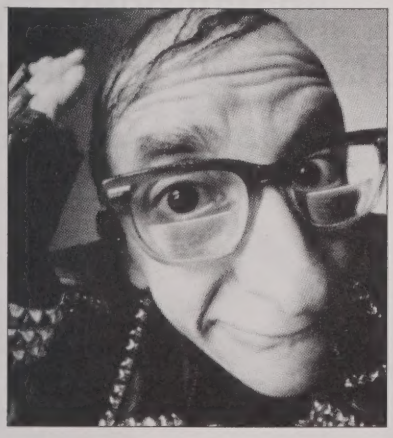
MEMBER NAME_____
MEMBER ADDRESS_____

From The President

The AMA has created a "From The President" section on its Web site to serve as the primary source on the Internet for news and information about the presidency of Nancy W. Dickey, M.D. Here, visitors will learn about Dr. Dickey's agenda, her viewpoints and her activities as she leads the AMA through 1998 and 1999. The site, which became operable in early September, provides an important strategic tool that allows Dr. Dickey and future AMA presidents for communicating messages to as wide an audience as possible. The "From The President" section of the AMA Web site can be found at:

http://www.ama-assn.org/presiden.htm.

American Medical Association
Physicians dedicated to the health of America



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In Memoriam

Sol Gold, M.D.

Dr. Sol Gold, 84, of 44 College View Heights, South Hadley, died on September 7, 1998.

He established a general practice in Holyoke in 1946 and in 1955 developed a special practice in anesthesia. He practiced at the Holyoke Hospital and the Holyoke Soldiers' Home until his retirement in 1978.

He was a member of the American Medical Association, the Mass. Medical Society and the Hampden District Medical Society. He was past president and director of the Holyoke YMCA and the Public Library.

He leaves his wife, Myrtle, a son, Steven, a daughter, Deborah Avery, and a brother Dr. Herman.

Memorial contributions may be made to the YMCA, 171 Pine St., Holyoke, 01040. ■

In Memoriam

Fred M. H. Ziter, M.D.

Dr. Fred M. H. Ziter of 94 Cunningham Street died on August 9, 1998. Dr. Ziter was 95 years old.

He was an internist at Mercy Hospital in Springfield. He was on the staff at Mercy Hospital and Baystate Medical Center. He was a member of the American Medical Association, the Mass. Medical Society and the Hampden District Medical Society. He leaves four sons, Fred, Jr., William D., Michael P., and Paul E., and a daughter Christine Swasey of Longmeadow.

Memorial contributions may be made to the Fred & Evelyn Ziter Faculty Grant Fund, Wilbraham Monson Academy, 423 Main St., Wilbraham 10195 or to Mercy Hospital, 271 Carew Street, Springfield 01104. ■

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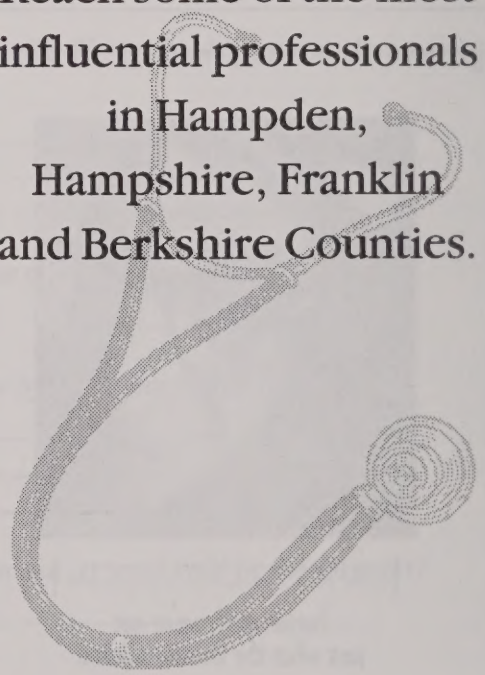

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Everyone has rights at the end of life.

When you or a loved one are faced with death, you have the right to expect certain elements of quality care from your physician, health care institution and community. The American Medical Association affirmed these rights by creating the *Elements of Quality Care for Patients in the Last Phase of Life.*

The AMA is calling on the medical community to adhere to the end-of-life care principles listed here.

For more information, call the AMA at (312) 464-5619.

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Patients' Bill of Rights

Patients in the last phase of life have the right to:

1. The opportunity to discuss and plan for end-of-life care;

2. Trustworthy assurance that physical and mental suffering will be relieved;

3. Trustworthy assurance that wishes .... for withholding or withdrawing life-sustaining intervention will be honored;

4. Trustworthy assurance that patients will not be abandoned by their physician;

5. Trustworthy assurance that, above all, dignity will be a priority;

6. Trustworthy assurance that burden to family and others will be minimized;

7. Careful attention to personal wishes and spiritual needs;

8. Trustworthy assurance that care providers will assist the bereaved through the early stages of mourning and adjustment.